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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit 3628
Examiner Poinvil, Frantzy

In Re:

Sribari Kumar et al.

Case:

P3937

Serial No.:

09/698,708

Filed: Subject: 10/27/2000
Interactive Activity Interface for Managing Personal Data and

Performing Transactions Over a Data Packet Network

To the Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear Sir:

Response A

AU0 3 0 2004

PTO/98w97 (12-97
Approved for use through 9/30/00. OMB 0651-003
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to In re: Sribari Kumar et al.

Case: P3937

Application No.: 09/698,708
Examiner: Frantzy Poi

Filing date: 10/27/2000

Art Unit: 3628
Subject:

3628 Examiner: Frantzy Poinvil
Interactive Activity Interface for Managing Personal Data and Performing Transactions Over a Data

Packet Network

Certificate of Transmission under 37 CFR 1.8

Attention: Examiner Frantzy Poinvil

Fax No.: (703) 872-9306

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on 08/30/2004

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	Method of Transmission: By Facsimile CASE DOCKET NO.								3937	
	In reference to application of Srihari Kumar et al.									
	Serial No. 09/698,708									
	For Interactive Activity Interface for Managing Personal Data and Performing Transactions Over a Deacket Network Sir: Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.								ns Over a Data	
	No additional fee is required. Applicant claims Small entity status under 37 CFR 1.27. The fee has been calculated as shown below.									
Γ		**** CLAIMS AS AMENDED ****								
	(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	
		Claims Remaining After Amendment			Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee	
	Total Claims		24	Minus	** 27	0 .	\$ 9	\$ ₁₈	\$ 0.00	
	Indep Claims			Minus	*** 3	0	\$ ₄₃	\$ 86	\$ 0.00	
	First presentation of a multiple dependent claim \$ 0 \$ 0							\$ 0.00		
L	☐ Terminal Disclaimer Fees								\$ 0.00	
	Extension	n Fee	☐ 1st Month		2nd Month		3rd Month		\$ 0.00	
	Total additional for claims, time extensions and disclaimer fees								\$ 0.00	
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space. *** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space. **** Multiple dependencies, if any, included in the above calculation. * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. A check in the amount of 0.00 is attached. Charge \$ 0.00 to deposit account 50-0534 (A duplicate of this sheet is enclosed)										
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